

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILED DATE

APPLICATION

10/566947

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
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49							99						
50							100						
TOTAL IND.			↓	↓	↓	↓	TOTAL IND.			↓	↓	↓	↓
TOTAL DEP.			←	○	↑	←	TOTAL DEP.			←	↑	←	←
TOTAL CLAIMS			██████████	██████████	██████████	██████████	TOTAL CLAIMS			██████████	██████████	██████████	██████████

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